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State of New Hampshire

Banking Department

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PETER C. HILDRETH
BANK COMMISSIONER

ROBERT A. FLEURY
DEPUTY BANK COMMISSIONER

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FINGERPRINT CARD REQUEST FORM

All fields in Section I and Section II must be filled out in order to receive your Fingerprint Cards. Please fill in Section III if the information is different than that of Section I.

SECTION I. Mail Cards To:

*Name:	
*Company:	
*Street Address 1:	
Street Address 2:	
*City:	
*State:	
*Zip Code:	
Phone Number:	
Email Address:	

*Required Field

SECTION II.

*Total Number of Cards Requested:	
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*Required Field

SECTION III. Requested By (If Different from Above):

Name:	
Company:	
Street Address 1:	
Street Address 2:	
City:	
State:	
Zip Code:	
Phone Number:	
Email Address:	

Press the "Print" button at the top of this form to print a copy for your records. Press the "Submit" button to submit this form electronically to Licensing@banking.state.nh.us. You must be using Adobe 6.0 or higher to submit this form electronically.